

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2223

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Thomas Orzechowski

P.O. Box, Bldg., Room No., if any

Street 35671 Rockingham Drive

City New Baltimore

State Michigan ZIP Code + 4 48047

4. Name, file number, and address of labor organization.

Name Seafarers Entertainment & Allied Trades Union

Labor Organization File Number 540-032

P.O. Box, Building and Room Number, if any

Street 5201 Auth Way

City Camp Springs

State Maryland ZIP Code + 4 20746

5. Position in labor organization.

Agent

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  Seafarers Vacation Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street  5201 Auth Way

City  Camp Springs

State  Maryland ZIP Code + 4  20746

## 14.a. Nature of payment.

Reimbursement of Expenses for Trustees' Meetings.  
Hotel room and airfare paid directly by the  
Seafarers Vacation Plan (amount unknown).

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

## 14.b. Amount of payment.

 \$297